

MULTIPLE DEPENDENT CLAIM
CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FEE

SERIAL NO.

11/ 579012

FILING DATE

10.30.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER st AMENDMENT		AFTER nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3				1		
4						
5						
6						
7						
8						
9						
10						
11	1		1			
12		1				
13				1		
14						
15						
16	1		1			
17		1				
18				1		
19						
20						
21		1				
22				1		
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			19			
TOTAL CLAIMS			22			

	AS FILED		AFTER st AMENDMENT		AFTER nd AMENDMEN	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						